ATTACHMENT 2.6-A Revision: HCFA-PM-91-8 (MB) October 1991 Page 14a OMB No. State/Territory: Vermont Citation Condition or Requirement a. Medically Needy (Continued) 1903(f)(2) of the Act (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

OFFICIAL

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Revision:

HCFA-PM-91-4

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OMB No.: 0938-

AUGUST 1991 State:

Vermont

Citation

Condition or Requirement

b. Categorically Needy - Section 1902 (f) States

42 CFR 435.732

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- Any SSI benefit received. (1)
- Any State supplement received that is within (2) the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- Increases in OASDI that are deducted under (3) §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- Other deductions from income described in this (4) plan at Attachment 2.6-A, Supplement 4.
- Incurred expenses for necessary medical and (5) remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. Supersedes TN No. 89-9

Approval Date

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(MB)

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Page 15a OMB No.

State/Territory:

Citation

Condition or Requirement

4.b. Categorically Needy - Section 1902(f) States

1903(f)(2) of the Act

\_\_\_ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

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Approval Date

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Citation

AUGUST 1991

(BPD)

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OMB No.: 0938~

Vermont State: \_\_\_

Condition or Requirement

## 5. Methods for Determining Resources

- a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
  - In determining countable resources for (1)AFDC-related individuals, the following methods are used:
    - (a) The methods under the State's approved AFDC plan; and
  - $\sqrt{X/}$  (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
  - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 11/1/91 Supersedes Approval Date TN No. 89-6 page 12 Effective Date

(MB)



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11.197

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	VER	MONT		
	ELIGIBIL	ITY (	CONDITIO	NS AND REQUIREMENTS
Citation(s)			Conditi	on or Requirement
	Α.	Gen	eral Con	ditions of Eligibility
		Eac	h indivi	dual covered under the plan:
42 CFR Part 435, Subpart G		1.	standar	ancially eligible (using the methods and eds described in Parts B and C of this ment) to receive services.
42 CFR Part 435, Subpart F		2.	Meets t	the applicable non-financial eligibility lons.
		a.	For the	e categorically needy:
	-		(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
			(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act			(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-10Supersedes Approval Date 8/19/92 Effective Date 4/1/92

TN No. 91-12

OFFICIAL

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State: VERMONT

Citation Condition or Requirement b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. 1905(p) of the c. For financially eligible qualified Medicare Act beneficiaries covered under section 1902(a)(10) (E) (i) of the Act, meets the non-financial criteria of section 1905(p) of the Act. 1905(s) of the For financially eligible qualified disabled and d. Act working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the nonfinancial criteria of section 1905(s). 42 CFR 435.402 3. Is residing in the United States and--Is a citizen; a. Sec. 245A of b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the Immigration the United States under color of law as defined and Nationality Act. in 42 CFR 435.408; 1902(a) and Is an alien granted lawful temporary resident status under section 245A and 210A of the 1903(v) of the Act and Immigration and Nationality Act if the indivi-245A(h)(3)(B) dual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of of the Immigration

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& Nationality Act

Approval Date:

age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

Effective Date: 11/1/91

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		ə:	VERMONT	OMB No.: 0938-
Citati	on		Condition or	Requirement
42 CFR 435	5 403	e.	under section 210 of the Act not within the scope be restricted to certain the five-year period begins was granted such status);  Is an alien who is not lapermanent residence or of in the United States under the section of the sect	awfully admitted for the cherwise permanently residing er color of law (coverage tain emergency services).
1902(b) of Act		or	not the individual maintarmanently or maintains it	ins the residence
	-		State has interstate resithe following States:	dency agreement with
		<u></u>	State has open agreement(	(s).
		_/	Not applicable; no reside	ency requirement.

TN No. 91-12 Supersedes TN No. 91-1	Approval Date	4/27/92	Effective Date	11/1/91
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State: VERMONT

Citation

## Condition or Requirement

435.1008

5. a. Is not an inmate of a public institution. Public institutions do not include nursing facilities, intermediate care facilities/MRs, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act

- b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
  - [ ] Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

433.145 435.604 1912 of the Act 6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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(MB)

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State/Territory:

VERMONT

OMB No.: 0938-

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

- Assignment of rights is automatic because of State
- 7. Is required, as a condition of eligibility, to furnish 42 CFR 435.910 his/her social security account number (or numbers, if he/she has more than one number).

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ATTACHMENT 2.6-A Page 3b

State:	VERMONT
State:	V EKNON I

OMB No.: 0938-

Citation

## Condition or Requirement

1902(c)(2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

"1902(e)(10)(A) and (B) of the Act

9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 91 - 12Supersedes

TN No. None

Approval Date

Effective Date \_ 11/1/91